FLORIDA HEALTHY KIDS HILLSBOROUGH PROGRAM AND BENEFIT INFORMATION

What is the Florida Healthy Kids Program?

It is widely felt that in order for children to be better prepared for learning, they must be healthy. Through a public/private partnership, the Florida legislature created the Florida Healthy Kids Corporation. Healthy Kids is comprehensive, year-round health care coverage and is available to students in participating counties.

Who is eligible?

Children attending school who are not covered by private or other health insurance.

How do I sign my children up?

Fill out the application form provided. Return the application in the enclosed self-addressed envelope during the open enrollment period with your first premium payment. Once the 4-6 week eligibility verification process is completed successfully, you will receive written notification which includes the effective date for coverage to begin.

When your child is determined eligible, you will receive an identification card, a plan information book and a list of medical providers. You will also receive a coupon book for use in making future monthly payments.

How much does it cost?

The cost will depend on the size of your family and the amount of your family's monthly income.

To receive help in paying your child's monthly premium, your child must be enrolled in his or her school's free and reduced lunch program.

The enclosed chart will help you see how much the health care coverage will cost your family.

Where do my children get medical care?

Florida Healthy Kids Corporation has chosen a licensed, health care organization to provide medical services for children in the Healthy Kids Program.

The plan is currently adding new locations and physicians to meet the needs of children in the Healthy Kids Program.

The plan provides 24-hour-a-day emergency service through arrangements with local hospitals and providers. These hospitals are listed on the enclosed insert.

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Please call Healthy Kids at 1-888-FLA-KIDS with any questions.

(1-888-352-5437)

Healthy Kids Benefits and Services

The Florida Healthy Kids Corporation offers a Health Maintenance Organization (HMO) plan which provides a wide range of health care benefits and services for your children. Listed below are a few examples of the health benefits your child will receive through his/her enrollment into the Healthy Kids Program.

Although a few services require a copayment (a small fee paid for each visit or service), most health care services are covered in full.

Benefits	Copayment
Primary Care Office Visits/Specialty Care Office Visits	*\$3 copayment
(No copayment for periodic well care)	, ,
Vision Screening, Hearing Screening, Hearing Aids	no copayment
Preventive Dental Services	\$5 copayment (per service)
Prescription Eyeglasses	*\$10_copayment
Prescription Medications	*\$3 copayment
Hospital Stays	no copayment
Surgeon Fees	no copayment
Emergency Ambulance Services	no copayment
Emergency Room Visits	*\$25 copayment
Diagnostic Testing (Lab, X-rays, etc.)	no copayment
Outpatient Surgery	no copayment
Physical or Speech Therapy	*\$3 copayment
Mental Health Outpatient Visits	*\$5 copayment
Durable Medical Equipment	no copayment

^{*} Please note: The copayments are per visit or per prescription as indicated. Covered in full means covered to the full extent of Healthy Kids program limits. The health care program contains many additional benefits and some limitations. For further explanation of benefits and limitations, please call our toll-free number: 1-888-FLA-KIDS.

Physicians Healthcare Plans, Inc. -- Hillsborough Hospital Providers

Columbia Brandon Hospital
Columbia South Bay
Memorial Hospital Tampa
St. Joseph's Hospital
Town & Country Hospital
University Community Hospital Care at Carrollwood
University Community Hospital
Vencor Hospital Tampa
Tampa General Health Care

To receive maximum benefit coverage and your child's identification card, you must select one of the Physicians Healthcare Plans, Inc. primary care providers to direct all your child's care. By selecting a primary care provider who will manage all of your child's health care needs, your personal costs will be kept to a minimum and you will feel secure in knowing a physician or a nurse practitioner is managing your child's care.

It is very important for you, the parent, to fully understand the program. Once your child begins coverage, you will receive a detailed handbook about the benefits. Please read the handbook carefully and call the phone numbers provided for additional guidance or call 1-888-FLA-KIDS.

HILLSBOROUGH HEALTHY KIDS INSERT INFORMATION

Eligibility guidelines?

- Children who are 5 to 19 years of age, and
- Enrolled in K through 12th grade, and
- Have no health insurance, and
- Are not covered by Medicaid or any other public health care coverage program

Healthy Kids has chosen Physicians Healthcare Plans, Inc. to provide medical services to children in the Healthy Kids program in Hillsborough County. This plan is based in Florida and has primary care and specialty care providers throughout the area. The chart below will help you see how much the coverage will cost.

The price of Healthy Kids coverage is based on a sliding scale:

If at least one of the children in your family is on FREE LUNCH at school, you pay:	\$10 per child per month
If at least one of the children in your family is on REDUCED LUNCH at school, you pay:	\$25 per child per month
If your child is not on the lunch program, you pay:	\$58 per child per month

Note: The child on the lunch program must also remain enrolled in Healthy Kids to keep this payment level. The National School Lunch Program periodically conducts income verification audits of participants.

If you have not applied for the National School Lunch Program and would like to, please contact your child's school.





INSTRUCTIONS:

- 1. Please read the program and benefit information about Healthy Kids. The information will help answer your questions about the program or you can call Healthy Kids at 1-888-FLA-KIDS.
- If you would like to apply for health insurance coverage for your children under the Healthy Kids Program, please complete ALL of the following information. The information that you provide will be held in strict confidence and will be used only in determining your children's eligibility and for research purposes.

Section I. Family Information
PARENT/GUARDIAN: 11 Mr. 21 Mrs. 31 Miss 41 Ms.
Name: Last MI
Mailing Address: Number and Street, Including Apt. #
City ST Zip County
Social Security Number: 1. Father 2. Mother
Home Telephone: Area Code Work Telephone: Area Code
Size of Household: Number of Adults: Gross Monthly Family Income: \$ Number of Children:
EMERGENCY CONTACT:
Name: Last MI
Daytime Telephone: Area Code
Section II. Child Information
1. Name: First Last MI Sex Date of Birth
Social Security Number School Name
2. Name: Last MI Sex Date of Birth Social Security Number School Name
3. Name: First Last MI Sex Date of Birth Sucial Security Number School Name
Section III. Insurance and Premium Information
Where did you hear about Healthy Kids? 1J TV/Radio
My first month's premium is enclosed. Yes Check # Check Amount \$ (Your application will not be processed without your first month's premium.) Please make check payable to FLORIDA HEALTHY KIDS CORPORATION.
Physician Selection (From list provided):
Section IV. Certification and Authorization Lecrify that the information I have provided on this application is correct to the best of my knowledge. I understand that, pursuant to section 624.91, Florida Statutes, the information provided shall be confidential and authorize the release of personal financial and medical information only for the purpose of research. I authorize the release of my child's information on file with the school system to Healthy Kids to determine eligibility for this coverage. I understand that I may be releasing information that shows that I have applied for free and reduced price meal benefits under the National School Lunch Program for my child. I give up my rights to confidentiality only for the purposes indicated.
Authorized Signature: Date: